

County: Sheboygan
SHEBOYGAN PROGRESSIVE CARE
1902 MEAD AVENUE

Facility ID: 4100

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SHEBOYGAN 53081 Phone:(920) 458-8333
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 120
Total Licensed Bed Capacity (12/31/02): 146
Number of Residents on 12/31/02: 116

Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 111

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		54.3
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		33.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	11.2	More Than 4 Years		12.1
Day Services	No	Mental Illness (Org./Psy)	20.7	65 - 74	7.8			-----
Respite Care	No	Mental Illness (Other)	4.3	75 - 84	46.6			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.7	85 - 94	33.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.7	95 & Over	0.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.4		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	9.5		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	10.3	65 & Over	88.8	-----		
Transportation	No	Cerebrovascular	5.2		-----	RNs		10.5
Referral Service	No	Diabetes	2.6	Sex	%	LPNs		6.9
Other Services	No	Respiratory	13.8	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	26.7	Male	40.5	Aides, & Orderlies		
Mentally Ill	No		-----	Female	59.5			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	17	100.0	317	63	96.9	113	1	100.0	113	32	100.0	140	0	0.0	0	1	100.0	515	114	98.3
Intermediate	---	---	---	2	3.1	94	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	17	100.0		65	100.0		1	100.0		32	100.0		0	0.0		1	100.0		116	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing		% Totally		Total	
				Assistance of				Number of	
		Daily Living (ADL)		One Or Two Staff		Dependent		Residents	
Private Home/No Home Health		17.1	Bathing	0.0	81.9	18.1	116		
Private Home/With Home Health		0.0	Dressing	6.9	78.4	14.7	116		
Other Nursing Homes		1.2	Transferring	22.4	50.9	26.7	116		
Acute Care Hospitals		77.6	Toilet Use	17.2	63.8	19.0	116		
Psych. Hosp.-MR/DD Facilities		0.0	Eating	59.5	24.1	16.4	116		
Rehabilitation Hospitals		0.0							
Other Locations		4.1	*****						
Total Number of Admissions		245	Continence		%	Special Treatments			
Percent Discharges To:			Indwelling Or External Catheter		7.8	Receiving Respiratory Care		4.3	
Private Home/No Home Health		40.4	Occ/Freq. Incontinent of Bladder		53.4	Receiving Tracheostomy Care		0.9	
Private Home/With Home Health		1.8	Occ/Freq. Incontinent of Bowel		25.9	Receiving Suctioning		0.9	
Other Nursing Homes		4.5				Receiving Ostomy Care		0.9	
Acute Care Hospitals		10.3	Mobility			Receiving Tube Feeding		11.2	
Psych. Hosp.-MR/DD Facilities		0.0	Physically Restrained		4.3	Receiving Mechanically Altered Diets		28.4	
Rehabilitation Hospitals		0.0							
Other Locations		6.3	Skin Care			Other Resident Characteristics			
Deaths		36.8	With Pressure Sores		9.5	Have Advance Directives		37.1	
Total Number of Discharges			With Rashes		6.0	Medications			
(Including Deaths)		223				Receiving Psychoactive Drugs		61.2	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility	Ownership: Proprietary		Bed Size: 100-199		Licensure: Skilled		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75.0	84.7	0.89	85.7	0.87	85.3	0.88	85.1	0.88
Current Residents from In-County	84.5	81.6	1.04	81.9	1.03	81.5	1.04	76.6	1.10
Admissions from In-County, Still Residing	21.6	17.8	1.22	20.1	1.08	20.4	1.06	20.3	1.07
Admissions/Average Daily Census	220.7	184.4	1.20	162.5	1.36	146.1	1.51	133.4	1.66
Discharges/Average Daily Census	200.9	183.9	1.09	161.6	1.24	147.5	1.36	135.3	1.48
Discharges To Private Residence/Average Daily Census	84.7	84.7	1.00	70.3	1.20	63.3	1.34	56.6	1.50
Residents Receiving Skilled Care	98.3	93.2	1.05	93.4	1.05	92.4	1.06	86.3	1.14
Residents Aged 65 and Older	88.8	92.7	0.96	91.9	0.97	92.0	0.96	87.7	1.01
Title 19 (Medicaid) Funded Residents	56.0	62.8	0.89	63.8	0.88	63.6	0.88	67.5	0.83
Private Pay Funded Residents	27.6	21.6	1.28	22.1	1.25	24.0	1.15	21.0	1.31
Developmentally Disabled Residents	0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1	0.00
Mentally Ill Residents	25.0	29.3	0.85	37.0	0.68	36.2	0.69	33.3	0.75
General Medical Service Residents	26.7	24.7	1.08	21.0	1.27	22.5	1.19	20.5	1.30
Impaired ADL (Mean)	49.1	48.5	1.01	49.2	1.00	49.3	1.00	49.3	1.00
Psychological Problems	61.2	52.3	1.17	53.2	1.15	54.7	1.12	54.0	1.13
Nursing Care Required (Mean)	7.8	6.8	1.15	6.9	1.12	6.7	1.15	7.2	1.08